



**THE CHILDREN'S ASSESSMENT CENTER**

**2500 Bolsover  
Houston, Texas 77005  
PHONE 713-986-3300 \* FAX 713-986-3553**

It is a normal part of The Children's Assessment Center procedure to reserve the right to make such checks as deemed appropriate on the suitability of any new volunteer for the important responsibility of work involving children. It is our policy to treat volunteers with all the consideration given professionals. All information provided by you is confidential and will be used solely for the purpose of deciding in which areas you work best.

Date: \_\_\_\_\_

**BIOGRAPHICAL INFORMATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS (HOME): \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ SEX: \_\_\_\_\_ SOC. SECURITY #: \_\_\_\_\_

U.S. CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

COLOR OF EYES: \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_

VALID DRIVER'S LIC.#: \_\_\_\_\_ AUTO INSURANCE: YES \_\_\_\_\_ NO \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOW LONG ARE YOU LIKELY TO REMAIN IN THIS COMMUNITY? \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ IF MARRIED, SPOUSE'S NAME: \_\_\_\_\_

PLEASE LIST THE NAMES AND AGES OF ALL CHILDREN:

\_\_\_\_\_

PLEASE LIST ANY OTHER COMMUNITY AFFILIATIONS YOU MAY  
HAVE (INCLUDING CHURCH, CIVIC AND OTHERS).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU OR ANY MEMBER OF YOUR FAMILY EVER RECEIVED ANY SERVICES

THROUGH THE CHILDREN'S ASSESSMENT CENTER? \_\_\_\_\_

IF THE ANSWER IS YES PLEASE LIST WHO RECEIVED THE SERVICES, WHAT

SERVICES WERE RECEIVED AND WHEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHICH OF THE FOLLOWING APPLIES TO YOUR WORKING STATUS?  
(PLEASE CIRCLE)

UNEMPLOYED

FULL TIME

PART TIME: HRS PER WEEK \_\_\_\_\_

RETIRED

EMPLOYMENT HISTORY: LIST YOUR LAST THREE PLACES OF EMPLOYMENT

NAME	POSITION	SUPERVISOR	EMPLOYMENT DATES	REASON FOR LEAVING

EDUCATION

NAME OF SCHOOL	ADDRESS	YEARS ATTENDED	MAJOR/DEGREE
HIGH SCHOOL:			
COLLEGE:			
OTHER:			

ARE YOU PRESENTLY A STUDENT? YES\_\_\_\_\_ NO\_\_\_\_\_

PREVIOUS OR PRESENT VOLUNTEER EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT DID YOU LIKE BEST ABOUT YOUR PREVIOUS VOLUNTEER EXPERIENCE?

\_\_\_\_\_

\_\_\_\_\_

WHAT DID YOU LIKE LEAST? \_\_\_\_\_

\_\_\_\_\_

WHAT KIND OF VOLUNTEER WORK ARE YOU MOST INTERESTED IN AT PRESENT?

\_\_\_\_\_

WHAT KIND OF VOLUNTEER WORK ARE YOU WILLING TO PERFORM?

\_\_\_\_\_

TIME YOU HAVE AVAILABLE FOR VOLUNTEER WORK: HRS AND DAYS PER WEEK

\_\_\_\_\_

REGULARLY EACH WEEK? YES\_\_\_NO\_\_\_ AVAILABLE ANYTIME? YES\_\_\_ NO\_\_\_

ANY PREFERRED DAYS AND HOURS? \_\_\_\_\_

LIST COMMUNITY SERVICES, SOCIAL, FRATERNAL, AND SCHOOL  
ORGANIZATIONS THAT YOU ARE PRESENTLY ACTIVE IN OR HAVE PARTICIPATED  
IN THE PAST. (PLEASE INDICATE POSITIONS YOU HELD IN THESE  
ORGANIZATIONS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST HOBBIES AND SPECIAL INTERESTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU SPEAK SPANISH? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE PHYSICAL LIMITATIONS THAT WILL INTERFERE WITH YOUR  
VOLUNTEER WORK? \_\_\_\_\_

HAVE YOU EVER RECEIVED MENTAL HEALTH COUNSELING? \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM? \_\_\_\_\_

\_\_\_\_\_

RESPOND TO THE FOLLOWING STATEMENT: "I AM EFFECTIVE WORKING WITH  
YOUNG PEOPLE BECAUSE..." \_\_\_\_\_

\_\_\_\_\_

"I MIGHT HAVE PROBLEMS WORKING WITH YOUNG PEOPLE BECAUSE..." \_\_\_\_\_

\_\_\_\_\_

"I AM INTERESTED IN WORKING AS A CHILDREN'S ASSESSMENT CENTER  
VOLUNTEER BECAUSE..." \_\_\_\_\_

\_\_\_\_\_

LIST 3 RELIABLE PERSONS (OTHER THAN RELATIVES) 1 PERSONAL AND 2 EMPLOYERS, WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS AND CHARACTERISTICS. USE PEOPLE YOU HAVE KNOWN WELL (FOR AT LEAST ONE YEAR) AND HAD RELATIVELY RECENT CONTACT WITH.

NAME	FULL ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	RELATIONSHIP TO YOU

HAVE YOU EVER BEEN ARRESTED FOR A FELONY OR MISDEMEANOR OTHER THAN TRAFFIC VIOLATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN.

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HAVE YOU EVER BEEN SUSPECTED, INVESTIGATED, OR ARRESTED FOR CHILD MOLESTATION, SEX OFFENSES, AND OR PHYSICAL ABUSE? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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DO YOU PRESENTLY HAVE A CHILD INVOLVED IN THE CRIMINAL JUSTICE SYSTEM? YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_



## **THE CHILDREN'S ASSESSMENT CENTER CONFIDENTIALITY STATEMENT**

Upon signing this statement, I, \_\_\_\_\_  
am agreeing to maintain strict confidentiality of all information pertaining to cases coordinated at  
The Children's Assessment Center.

To maintain confidentiality means that I will not discuss cases with spouses, children, friends or  
relatives. I may only discuss cases with The Center's staff, caseworkers, volunteers or other  
persons who are party to the case.

I fully understand that failure to comply with The Children's Assessment Center's Confidentiality  
Policy may result in termination of my relationship with The Center. This agreement is entered  
into for the purpose of protecting the children and families who are served at The Children's  
Assessment Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## ***FELONY CONVICTION INFORMATION***

I have read this form in its entirety, including the attached list, and understand that the information may be verified by The Children's Assessment Center and that the inclusion of any false information or the omission of any requested information is cause for my immediate dismissal from The Children's Assessment Center.

I agree to inform The Children's Assessment Center if this information changes anytime during my participation in The Children's Assessment Center, CAC Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- A. Prohibition from serving in any capacity as a volunteer in a child-placing agency for any person convicted within the previous 10 years of:
1. Any felony or misdemeanor classified as an offense against the person or family;
  2. Any felony or misdemeanor involving public indecency;
  3. Any violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act.
- B. Reassignment or removal from contact with children of any person involved in child care or child placing for any of the following reasons:
1. Any indictment alleging commission of a felony classified as offense against the person or family, or of public indecency, or of a felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act;
  2. An indictment alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency;
  3. An official criminal complaint accepted by a district or county attorney alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency.

(See attached list for offenses against the person or family or of public indecency)



## ***CRIMINAL OFFENSES FROM THE TEXAS PENAL CODE***

- Title 5. Offenses Against the Person
  - Murder
  - Capital murder
  - Voluntary manslaughter
  - Involuntary manslaughter
  - Criminally negligent homicide
  - False imprisonment
  - Kidnapping
  - Aggravated kidnapping
  - Aggravated sexual assault
  - Sexual assault
  - Aggravated sexual abuse
  - Sexual abuse
  - Homosexual conduct
  - Public lewdness
  - Indecent exposure
  - Sexual assault of a child
  - Indecency with a child
  - Assault
  - Deadly assault on a peace officer
  - Injury to a child
  - Reckless conduct
  - Terroristic threat
  - Aiding suicide
  - Tampering with consumer products
- Title 6. Offenses Against the Family
  - Bigamy
  - Incest
  - Interference with child custody
  - Injury to a child
  - Abandonment/Endangerment of a child
  - Enticing a child
  - Criminal nonsupport
  - Sale or purchase of a child
  - Solicitation of a child
  - Harboring a runaway child
  - Violation of a court order
- Title 43. Public Indecency
  - Prostitution
  - Promotion of prostitution
  - Aggravated promotion of prostitution
  - Compelling prostitution
  - Obscene display or distribution
  - Sale, distribution or display of harmful material to a minor
  - Obscenity
  - Possession/promotion of child pornography
  - Sexual performance by a child



## **THE CHILDREN'S ASSESSMENT CENTER COMMITMENT STATEMENT**

Upon signing this statement I, \_\_\_\_\_, am making a commitment to The Children's Assessment Center (CAC), and to the children whom I will serve as a Direct Service Volunteer. I will:

1. Commit to serve as a Direct Service Volunteer for the time discussed in my initial Volunteer Interview.
2. Commit to a minimum of six hours monthly at the CAC where I will maintain face-to-face contact with children and staff.
3. Notify the Playroom Staff (Children's Services Technician- Meredith Arledge) when I will not be coming for my scheduled shift and attempt to reschedule for another time that week.
4. Work as a team member with all organizations collaborating with the CAC, i.e. Harris County Children's Protective Services, Child Advocates, Houston Police Department, Harris County Sheriff's Office, Youth Victim Witness, Harris County District Attorney.
5. Maintain strict confidentiality. To maintain confidentiality means that the Volunteer:
  - A. Does not discuss any child's case with spouses, children, friends, or relatives.
  - B. May only discuss child's case with The CAC staff or another volunteer, or persons who are party to the case.
5. Uphold the CAC transportation policy:

It is the policy of the CAC that at no time or for any reason is a volunteer allowed to transport any child or family member with whom the volunteer is working. Nor is it permissible for the volunteer to invite and/or receive clients into his/her home.

6. Dress in an appropriate manner while at or representing The Children's Assessment Center.
7. Notify the Volunteer Coordinator immediately if I cannot perform any of the above commitments or cannot continue to fulfill duties as a Volunteer.

The Children's Assessment Center makes the commitment to:

1. Providing ongoing training, supervision, and help in evaluating my work.
2. Provide professional consultation and support necessary to help me deal with the different situations I will experience as a Volunteer

This agreement is entered into for the purpose of providing the best possible advocacy for the child/children with whom I will work. I fully understand that failure to complete or comply with any of the above requirements may result in my termination from the volunteer staff of The Children's Assessment Center.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Date